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HEALTHCARE EMERGENCY PREPAREDNESS  
INFORMATION GATEWAY

# Medical Surge and the Role of Practice-Based Primary Care Providers



## Summary of Project and Initial Findings

Disasters and widespread emergencies are dynamic situations that require flexibility, creativity, and whole community action to adjust to rapid changes in normal operations and, for the healthcare community, the unexpected demand on providers. Practice-based primary care providers traditionally provide comprehensive first contact and continuing care for patients, including health promotion and maintenance, disease prevention, and counseling. These providers are medically skilled and maintain strong relationships with their patients and their communities, but little is known about their perceived role in emergency preparedness.

The U.S. Department of Health and Human Services' Office of the Assistant Secretary for Preparedness and Response (ASPR) Technical Resources, Assistance Center, and Information Exchange (TRACIE) worked with Yale New Haven Health System Center for Emergency Preparedness and Disaster Response (YNHHS-CEPDR) to gain insight on the perceived preparedness and response levels of primary care providers across the U.S. This work also allowed the project team to identify opportunities to support primary care provider planning efforts.

Following a comprehensive environmental scan and detailed literature review, ASPR TRACIE and YNHHS-CEPDR determined that representatives of primary care provider professional associations could provide additional insight on the status of their members' preparedness and response and the most effective ways to engage their members in healthcare readiness efforts. YNHHS-CEPDR conducted one-on-one interviews with leaders of these membership organizations (listed in table 1) on behalf of ASPR TRACIE to better understand their members' capacity and level of preparedness for and challenges related to disaster response.



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Table 1.  
**PRIMARY CARE PROVIDER ASSOCIATIONS**

|                                                    |
|----------------------------------------------------|
| American Academy of Family Physicians (AAFP)       |
| American Academy of Pediatrics (AAP)               |
| American Academy of Physician Assistants (AAPA)    |
| American Association of Nurse Practitioners (AANP) |
| American College of Physicians (ACP)               |
| American Geriatrics Society (AGS)                  |

The following questions were addressed in this study:

- 1 What is the role of primary care providers in emergency preparedness and response?
- 2 What is the membership infrastructure for supporting emergency preparedness and response among primary care providers?
- 3 What emergency preparedness and response activities and resources are being provided by organizations to their members? What are the associated gaps and barriers to their preparedness and response resources and capabilities?
- 4 What resources and incentives can facilitate primary care provider involvement/engagement in emergency response and preparedness?

A qualitative review of the interview data was conducted by subject matter experts familiar with emergency management, clinical care, and evaluation practices.

Based on the interview data, ASPR TRACIE and YNHHS-CEPDR identified the following **key findings**:

- **Developing and promoting disaster preparedness resources for primary care providers may be more advantageous than surveying practice-based primary care providers.** ASPR TRACIE, in collaboration with subject matter experts and the national associations, could develop resources for primary care providers related to response and recovery and continuity of operations efforts; highlight resources developed by state and national membership associations; and educate healthcare coalitions (HCCs) on how to engage with primary care providers in their communities. Additionally, ASPR TRACIE could work with national associations to raise awareness of key issues and resources available at the state and local level. Due in part to time limitations, primary care providers are unlikely to be directly engaged in HCCs. However, primary care providers have great interest in assuring they can quickly respond to and recover from catastrophic incidents to ensure they can continue providing patient care. Development and promotion of resources addressing business continuity planning, alternate practice site identification, supply chain considerations, reporting of unusual presentations, and collaboration with their local hospital to support medical surge in disasters is recommended.
- **Primary care providers practice in various settings and serve every segment of the population across the lifespan.** The practice demographics vary greatly in size, location, and ownership. Each of these elements influences the perspective, capability, and capacity of these providers regarding their roles and responsibilities associated with emergency preparedness and response.
- **The role of primary care providers in preparedness, response, and recovery is assumed to be as variable as the practice specialty (e.g., geriatric, adult, pediatric), ownership structures, and geographic location.** The providers have an understanding and appreciation of the issues of emergency preparedness and response, particularly regarding the Centers for Medicare & Medicaid Services (CMS)

[Emergency Preparedness Final Rule](#), but do not always have an active role and do not have professional development requirements in this topic area.

- **The state of primary care provider’s emergency preparedness and response has not been formally or consistently assessed by most professional organizations;** however, there is interest in doing so.
- **Practice-based primary care providers encounter significant challenges to having an effective involvement in emergency response.** There are gaps in knowledge, training opportunities, planning, and exercises but each gap is a result of the primary barriers of limited time, lack of funding or incentives, and competing priorities.
- **Emergency preparedness collaborations involving primary care providers are best evidenced by specific responses to incidents.** Individual primary care providers may participate in Disaster Medical Assistance Teams, help out in mass care shelters or seek support from their professional organizations to arrange for delivery of supply to areas in need. Some belong to local Medical Reserve Corps and are active in local American Red Cross activities. However, the majority of providers believe that local and regional collaborative emergency preparedness and response planning, training, and exercise activities are the responsibility of someone else, particularly if the provider is part of a large practice or health system (as some larger systems have staff dedicated to emergency management).
- **The most promising examples of collaboration come from the pediatric practices that worked closely with local and state public health on H1N1 pandemic influenza and seasonal influenza, Ebola, and Zika risk communications.**

Based on the findings of this project, ASPR TRACIE has a better understanding of the emergency preparedness and response challenges faced by practice-based primary care providers. The findings demonstrate that there is interest in enhancing the preparedness and response capabilities of these providers. ASPR TRACIE proposes the following next steps:

- Develop a guidance document below tailored to the needs of practice-based primary care providers and HCC to promote collaboration. The Engagement of Practice-Based Primary Care Providers in Medical Surge Activities technical assistance document is modeled after guidance developed for [Urgent Care Centers](#) and [Health Clinics](#) and includes ASPR TRACIE and association-developed resources related to training, exercises, continuity of operations (COOP), supply chain, and HCC engagement.
- Distribute Engagement of Practice-Based Primary Care Providers in Medical Surge Activities to primary care provider professional organizations for review.
- Encourage professional organizations to disseminate aforementioned document to their membership and partners and send to HCCs via ASPR’s National Healthcare Preparedness Programs.
- Continue to work with professional organizations on developing and reviewing additional tip sheets for primary care providers, providing direct outreach via conferences and similar venues, investigating incentives such as Maintenance of Certification credits, and assisting with other helpful resources.

## Engagement of Practice-Based Primary Care Providers in Medical Surge Activities

The following questions and answers can help primary care providers, HCC, and other response partners collaborate on and support each other’s preparedness and response efforts. The responses also identify resources and offer suggestions to assist providers with continuity of operations planning and integrating into their community’s emergency management framework before, during, and after a disaster.

## Resources for Practice-Based Primary Care Providers

**As a primary care provider, who should I contact to express interest in contributing to the community's healthcare system emergency preparedness and response activities?**

- Your local [healthcare coalition](#)
- Nearby hospitals
- Your local health department
- Your local emergency management agency
- Your local emergency medical services (EMS) or EMS for children agency

### ■ What steps can I take to improve the readiness of my practice?

- Educate your staff on personal and family preparedness, including planning for child, elder, and pet care.
- Assess known risks in your community (e.g., earthquakes, hurricanes, wildfires, close proximity to chemical facility, etc.) and consider what threats they may pose to your practice and employees. Note that your local emergency management agency and/or HCC have already conducted local/regional hazard vulnerability assessments that you may be able to review.
- Plan how your practice would respond during likely emergency scenarios. All practices should be prepared for power outages, facility damages, and other situations that may disrupt operations.
- Review existing policies, procedures, or protocols used during normal operations and evaluate their applicability to emergency response operations.
- Develop and maintain a contact list for all personnel, vendors, suppliers, and key community contacts accompanied by instructions for contacting them during off hours.
- Develop a plan for communicating with your staff and patients whether your practice is open or closed during an emergency.
- Maintain a disaster kit with basic personal protective equipment and medical supplies.
- Ensure your practice is signed up to receive emergency notifications from local preparedness and response partners and agencies and establish a process for sharing this information with staff.
- Identify roles and responsibilities for your personnel in various emergency or disaster situations.
- Train all personnel to identify symptoms and isolate potentially infectious patients.
- Have personnel participate in hospital/healthcare coalition drills/exercises. Practices can also conduct office drills regarding effective infection control practices, including proper use of personal protective equipment.
- Know who to contact to request or offer support during an emergency.

### Relevant ASPR TRACIE Topic Collections:

- Continuity of Operations (COOP)/Failure Plan [↗](#)
- Electronic Health Records [↗](#)
- Emergency Operations Plans/Emergency Management Program [↗](#)
- Emergency Public Information and Warning/Risk Communications [↗](#)
- Epidemic/Pandemic Flu [↗](#)
- Exercise Program [↗](#)
- Hazard Vulnerability/Risk Assessment [↗](#)
- Natural Disasters [↗](#)
- Recovery Planning [↗](#)
- Training and Workforce Development [↗](#)
- Workplace Violence [↗](#)



- Review resources in ASPR TRACIE's relevant Topic Collections and emergency preparedness materials developed by your affiliated national professional membership organizations or their state chapters.

### ■ What can my practice do to ensure continuity of services after a disaster?

- Plan for contingency staffing, water/smoke/damage mitigation, and other situations that will allow the office to remain open or re-open rapidly following a disaster.
- Identify backup systems for critical utility and IT systems used within your practice, including electronic health records and Web-based record keeping systems.
- Plan to secure pharmaceuticals, vaccines, and other temperature-sensitive supplies during a power outage (potentially for multiple days).
- Identify a secondary/alternative location where the practice can continue to serve patients if the practice facility is located in a disaster zone or is damaged and cannot remain open.
- Enhance existing or develop new protocols, procedures, checklists, and guidelines for your staff to refer to during incidents more likely to occur, such as how to manage power outages or prepare for [severe weather](#) or [no-notice](#) incidents.
- Establish emergency facility shutdown procedures and an accompanying process to return to operations.
- Discuss your emergency and continuity of operations plans with local authorities, insurers, vendors and suppliers, nearby hospitals, and other key partners to identify potential gaps and establish back-up contact information.
- Review resources in ASPR TRACIE's relevant Topic Collections and emergency preparedness materials developed by your affiliated national professional membership organizations or their state chapters.

### ■ What training is available for staff of primary care practices?

- Access free online training on emergency management topics through the Federal Emergency Management Agency's [Emergency Management Institute](#).
- Identify training offered through your local or state emergency management agency and HCC.
- Identify training offered through primary care provider professional associations or their state chapters.

#### Additional Resources:

##### AAFP

- [Actions to Take After a Disaster](#) 
- [Business Planning Checklist to Prepare Family Medicine Offices for Pandemic Influenza](#) 
- [Checklist to Prepare Physicians' Offices for Pandemic Influenza](#) 
- [Disaster Response and Recovery](#) 

##### AAP

- [Children and Disasters](#) 
- [Pediatric Disaster Preparedness and Response Topical Collection](#) 
- [Strategic Plan for Disaster Preparedness](#) 
- [Preparedness Resources for Pediatric Practices](#) 

##### ACP

- [Start with the Basics for Disaster Preparedness](#) 

##### Drexel University Dornsife School of Public Health

- [Primary Care Medical Practices and Public Health Emergency Preparedness](#) 

##### Morehouse School of Medicine

- [Emergency Preparedness Toolkit for Primary Care Providers](#) 

- Consider volunteering with local [Community Emergency Response Team \(MRC\)](#), or [American Red Cross](#) for disaster response training.

### What can I gain through my participation in preparedness activities?

- An enhanced ability to serve patients on a day-to-day and emergency basis. Increased level of readiness for smaller, more common disruptions.
- A culture of preparedness within your practice.
- An awareness of ways to improve emergency readiness at your practice.
- The ability to maintain operations and revenue stream despite infrastructure or other challenges during an emergency.
- A better understanding of community/regional needs and vulnerabilities.
- The opportunity to make a difference in the community.
- Recognition and respect for your capabilities and professional expertise.
- Access to information and expertise from local partners.
- Improvement in personal and family preparedness.
- Opportunities for networking and professional development.
- Access to resources such as supplies, training, and assistance in meeting regulatory/compliance requirements.

### Professional Associations:

- American Academy of Family Physicians (AAFP) [↗](#)
- American Academy of Pediatrics (AAP) [↗](#)
- American Academy of Physician Assistants (AAPA) [↗](#)
- American Association of Nurse Practitioners (AANP) [↗](#)
- American College of Physicians (ACP) [↗](#)
- American Geriatrics Society (AGS) [↗](#)

### Where can I find information about healthcare coalitions and the nation's healthcare system preparedness and response framework?

- ASPR [Hospital Preparedness Program \(HPP\) Information](#)
- ASPR [2017-2022 Healthcare Preparedness and Response Capabilities](#)
- Select ASPR TRACIE [Health Care Coalition Resources](#)

## Resources for Healthcare Coalitions and Other Partners

### How can primary care practices contribute to healthcare emergency preparedness and response activities in my community?

- Provide expertise in treating certain patient populations that are at higher risk or need specialized care such as children, older adults, and people with disabilities or access and functional needs.
- Improve community resilience through networking and sharing promising practices of patient and family-centered care.

- Engage in risk communication with existing patients and their loved ones.
- Provide anticipatory guidance to patients, such as:
  - » Encouraging parents to know the disaster plan of their child's school/child care program and how they will receive information on an incident that ultimately allows them to be reunified with their family/children during a disaster.
  - » Advising patients with special healthcare needs on the importance of pre-registering for special needs shelters.
  - » Educating and encouraging patients to sign up for emergency alerts from public safety and utility companies.
- Provide continuity of care and ongoing communication to the populations they serve during a disaster.
- Provide psychological support to patients/families.
- Support planning for local prophylaxis/vaccination efforts.
- Provide follow-up communications and support during the response/recovery phases of an emergency.
- Participate in disaster response organizations and other volunteer agencies such as the [Medical Reserve Corps](#) or local [American Red Cross Chapters](#).

#### ■ What factors would initiate primary care provider involvement in emergency response?

- An incident occurring at or near their practice resulting in the need to provide emergency care at the location.
- The presence or notification of unusual clinical findings or presentations.
- Responding to meet the needs of existing patients affected by a community incident or public health emergency.
- An influx of questions on an active emergency from patients or the public.
- A request from a local, state, or federal emergency management or public health agency.
- A request from a health system partner.

#### ■ What is the best way to reach out to primary care practices?

- Direct contact. Invite primary care providers to a meeting/conference/workshop or ask for input on draft guidance.
- Use existing relationships with primary care providers.
- Reach out to professional associations – including state chapters of medical societies or credentialing bodies – to assist in identifying practices within your area such as:
  - » [American Academy of Family Physicians \(AAFP\)](#)
  - » [American Academy of Pediatrics \(AAP\)](#)
  - » [American Academy of Physicians Assistants \(AAPA\)](#)

- » American Association of Nurse Practitioners (AANP)
- » American College of Physicians (ACP)
- » American Geriatrics Society (AGS)
- Collaborate with local public health agencies who have established relationships with primary care providers.
- Attend hospital department meetings and grand rounds.

#### ■ **How can community partners engage primary care providers in ongoing preparedness activities?**

- Provide emergency planning and response guidance and technical assistance to primary care providers.
- Include primary care providers in your planning activities to identify what they are willing and able to contribute.
- Identify gaps and areas of need and ask primary care providers if they are able to help address them.
- Determine which populations are most vulnerable to disasters in your community and which providers have existing relationships with those populations and can support their resiliency efforts.
- Ensure primary care providers are signed up to receive emergency notifications and alerts about emergencies in the area.
- Offer access to and invite participation in community-wide training and exercise opportunities.
- Offer incentives, including continuing medical education/maintenance of certification credits.

#### ■ **What support can partners provide to improve primary care practices' ability to participate in and sustain an emergency response?**

- Educate primary care providers on HCC and jurisdictional emergency operations plans. Specifically identify opportunities for these providers to contribute.
- Include primary care providers in notification/information sharing activities.
- Invite primary care providers to exercise and training events.
- Enable access to disaster supplies and equipment.
- Increase awareness of legal and ethical obligations when responding to disasters.
- Provide guidance on strategies to seek reimbursement for costs associated with response activities as well as funding available to repair/rebuild facilities, replace lost supplies and equipment, or otherwise recover from a disaster.
- Encourage primary care practice leadership investment in continuity of operations planning to lay a foundation for coordinated community preparedness including relocating/reconstituting primary care services if their facilities are inaccessible.
- Increase awareness of the significant role primary care providers can play in emergency response and recovery.



## What challenges might prevent primary care practices from participating in emergency preparedness and response activities?

- Variations among providers based on location, specialty, size, opportunities, and capacity to engage with other healthcare response partners.
- Limited knowledge or understanding of their roles or how they might contribute in an emergency.
- Lack of knowledge regarding how to interface with organized emergency response and associated agencies.
- Lack of inclusion or outreach by emergency response agencies.
- Gaps in general emergency preparedness knowledge and training opportunities.
- Inability to attend and/or loss of revenue if community planning meetings, training, and exercise activities are scheduled during patient care hours.
- Time constraints due to patient care responsibilities and other competing priorities.
- Difficulty accessing practice location(s) due to an incident that affects personnel or the infrastructure.
- Need to attend to practice recovery following an incident.
- Lack of incentives to enable increased participation.
- Limited administrative commitment to or support for emergency preparedness activities.

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